

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 11-10-0018-0106

Local No. 1913-06
828484

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | |
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| 1. DECEASED—NAME (First, Middle, Last) Uros Vezmar | | 2. SEX Male | 3a. TIME OF DEATH 8:19P M | 3b. DATE OF DEATH (Month, Day, Year) August 9, 2006 |
| 4. *SOCIAL SECURITY NUMBER 357-50-8228 | 5a. AGE—Last Birthday (Years) 69 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo, Day, Yr) Jan. 2, 1937 |
| 7. BIRTHPLACE (City and State or Foreign Country) Yugoslavia | | 9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | |
| 8a. WAS DECEDENT A U.S. VETERAN? No | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A | 9b. FACILITY NAME (If not institution, give street and number) St. Anthony Hospital | | 9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point |
| 10. MARITAL STATUS (Specify) Married | | 11. SURVIVING SPOUSE (If wife, give maiden name) Milica Glumac | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Crane Operator | 12b. KIND OF BUSINESS/INDUSTRY Steel |
| 13a. RESIDENCE—STATE IN | 13b. COUNTY Lake | 13c. CITY, TOWN, OR LOCATION Crown Point | | 13d. STREET AND NUMBER 3476 W. Lake Shore Dr. |
| 13e. ZIP CODE 46307 | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? USA | 15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 16. RACE—American Indian, Black, White, etc. (Specify) White |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>8</u> College (1-4 or 5+) <u>8</u> | | 18. FATHER'S NAME (First, Middle, Last) Petar Vezmar | | |
| 19. MOTHER'S NAME (First, Middle, Maiden Surname) Smilija Klipa | | 20a. INFORMANT'S NAME (Type/Print) Milica Vezmar | | |
| 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3476 W. Lake Shore Dr. Crown Point, IN | | 20c. Relationship Wife | | |
| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 14, 2006 Most Holy Mother of God | | 21c. LOCATION—City or Town, State Third Lake, IL |
| 22a. EMBALMER'S NAME Robert Oberman | | 22b. EMBALMER'S LICENSE NO. IL# 034-011043 | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas Burns</i> | | 24b. LICENSE NUMBER (of Licensee) 1045184 | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN (For Kompare Chicago, IL Signature Only) | |
| 26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Hypertension</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>cardiac arrest</u> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I | | | | |
| 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No | | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) | |
| 29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. | | | | |
| 29b. SIGNATURE AND TITLE OF CERTIFIER <i>S. Durovich</i> | | 29c. MEDICAL LICENSE NO. <u>01026620</u> | 29d. DATE SIGNED (Month, Day, Year) Aug. 11, 2006 | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Durovich 155 W. 86th Ave. Merrillville, IN 46410 | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Susan W. B...</i> | | | | 32. DATE FILED (Month, Day, Year) August 11, 2006 |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 34a. DATE OF INJURY (Month, Day, Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) |
| 34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) | | 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) FILED DEC 28 2007 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR | | |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver's license number, etc. <u>024772</u> | | |